



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000049993 1. Entity Name THE RAPID LINE, INC.	
---	---

Principal Place of Business 7957 JOHNSON ST B PEMBROKE PINES, FL 33024	Mailing Address PO BOX 848667 PEMBROKE PINES, FL 33024
--	--

DO NOT WRITE IN THIS SPACE

FILED
04 MAY 27 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05072004 No Chg-P CR2E034 (10/03)

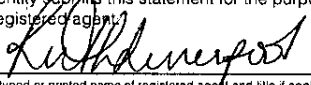
4. FEI Number 65-1116335	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOBERFELD, BRUCE
7957 JOHNSON ST. STE B
PEMBROKE PINES, FL 33024**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

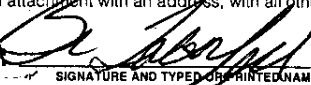
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOBERFELD, BRUCE PO BOX 8666 PEMBROKE PINES, FL 33084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

900038425409
06/29/04--01059--006 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/2004 Date 954 628-4052 Daytime Phone #